

Banner Course Information Form

Instructions to the Department Chair: Please complete and submit this form to the Registrar's Office every time a course is created or modified in your department. This form is used to enter the course in Banner. The Undergraduate Curriculum Committee or Graduate Council must approve new courses and course modifications. These courses may be offered for one year before being approved.

Course Status: New course ____ Modification ____ Effective semester: _____
Has the course/modification been approved? yes ___ no ___
If yes, date approved: _____

General Information:

Subject (*Dept*): _____ Course: _____

Title (*29-character limit*): _____

Approval Code: Please circle **one** approval code when appropriate that will be enforced during registration.

Instructor's Approval OLS Advisor's Approval
First Yr. Coordinator Approval Honor's Prog. Advisor Approval

Please select the appropriate instruction type/s and credit hour/s (cr) that correspond to each. (If a course has an included lab without separate earned hours, check lecture and place total number of credit hours in the corresponding credit hour/s column and then check lab and write 0 in the corresponding cr column. If a lab has earned credit hours, it requires its own form.)

Instruction Type:		Credit Hour/s (cr):
1 Lecture	<input type="checkbox"/>	_____
2 Seminar	<input type="checkbox"/>	_____
3 Discussion or Recitation	<input type="checkbox"/>	_____
4 Laboratory or Activity	<input type="checkbox"/>	_____
5 Tutorial	<input type="checkbox"/>	_____
6 Independent Study	<input type="checkbox"/>	_____
7 Programmed Instruction	<input type="checkbox"/>	_____
8 Student Teaching	<input type="checkbox"/>	_____
9 Distance Learning	<input type="checkbox"/>	_____
I Internship	<input type="checkbox"/>	_____

Is this course repeatable for **additional** credits? No ____ Yes ____

If Yes, students may take the course _____ times for a total of _____ credit hours.

Course Level: (*circle one*) 01 Undergraduate 04 Graduate

Default-grading mode: (*circle one*)

Normal Satisfactory/Unsatisfactory Extended (*Dean's approval required*)

Please complete the following when appropriate:

Co requisite/s: _____

Equivalent Course/s: _____

Prerequisite/s: _____

Please request appropriate combinations that will ALWAYS be enforced for this course.

College restrictions (*CIRCLE type*) None Include Exclude

Circle all that apply:

Graduate Studies	Continuing Education	Arts & Sciences	School of Business	SCMA
Health Education	Elementary Education	Secondary Education	Technology Education	VTP

Major/Minor restrictions (*CIRCLE type*) None Include Exclude

Applicable 3-digit codes: _____

Level restrictions (*CIRCLE type*) None Include Exclude

Circle all that apply:

Undergraduate	Matriculated Grad in degree program	Matriculated Grad Achieved Candidacy
Non-matric. undergrad.	Non-matric graduate	

Class restrictions (*CIRCLE type*) None Include Exclude

Circle all that apply:

Non-degree Freshman	1 st Sem Sophomore	1 st Sem Junior	1 st Sem Senior	Non-degree Grad
1st time Freshman	2 nd Sem Sophomore	2 nd Sem Junior	2 nd Sem Senior	Matriculated Grad
1 st Sem Freshman			Fifth Year Senior	Grad w/> 23 hours
2 nd Sem Freshman				Grad w/< 24hours

For Office Use Only:

SCADETL (upper division & fees)